	Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	Р	Q
1									panion File Alv			With A TennC				Tennes	see Specific Values
-		Elem		Max	DataT				-				Industry Name or		HIPAA Notes	TN Valid	TN Notes
	ID	Use		Len	уре	Use	Rep	ID .			Seq ID		Alias	Values		Values	
2																	
	ISA01	R	2	2	ID	R	1		INTERCHANGE			Authorization		00, 03			Preferred value is 00
3									CONTROL HEADER			Information Qualifier					
	ISA02	R	10	10	AN	R	1		INTERCHANGE			Authorization					
4									CONTROL HEADER			Information					
	ISA03	R	2	2	ID	R	1		INTERCHANGE			Security Information		00, 01			Preferred value is 00
5									CONTROL HEADER			Qualifier					
	ISA04	R	10	10	AN	R	1		INTERCHANGE			Security Information					
6									CONTROL HEADER								
	ISA05	R	2	2	ID	R	1		INTERCHANGE			Interchange ID Qualifier		01, 14, 20, 27,			Preferred value is ZZ
7									CONTROL HEADER			Qualifier		28, 29, 30, 33, ZZ			
	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender					TennCare's ID 626001445TC.
8																	
	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33,			Preferred value is ZZ
9														ZZ ZZ			
	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					This value will be the Sender Trading Partner ID.
10																	
	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch is created by TCMIS.
11		_															oreated by Folline.
	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
12																	
		R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
13		_															
	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
14																	
	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
15		_	_	4	ID.	D	L.,					A - I I I 1		0.4		_	
	ISA14	R	l'	l'	ID	R	1	1	INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
16		R	1	1	ID	R	<u> </u>		INTERCHANGE			Usage Indicator		P, T			
47	13413	IX.	ľ	[	טו				CONTROL HEADER			osage mulcator		F', 1			
17	ISA16	R	1	1		R	<b>—</b>		INTERCHANGE			Component Element				+	
40		, , , , , , , , , , , , , , , , , , ,	ľ	['		1	[ '		CONTROL HEADER			Separator					
18	GS01	R	2	2	ID	R	1		FUNCTIONAL			Functional Identifier		НВ		+	
19				<u> </u>					GROUP HEADER			Code		5			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL			Application					Same as ISA08
	GS04	R	8	8	DT	R	1	1	GROUP HEADER FUNCTIONAL			Receiver's Code Date		Format:		+	
22			<u> </u>	Ĺ				ļ	GROUP HEADER					CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL			Group Control					
	GS07	R	1	2	ID	R	1		GROUP HEADER FUNCTIONAL			Number Responsible Agency		X		+	
25				40			<u> </u>		GROUP HEADER			Code		0040401/2221		<b>_</b>	
26	GS08	R	1	12	AN	R		1	FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X092A1			

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns								panion File Alv	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
•	Element	Elem	Min		DataT			Loop	Loop Name	Loop	Comp	DED Name	Industry Name or	HIPAA Valid	HIPAA Notes	TN Valid	TN Notes
	ID	Use	Len	Len	уре	Use	Rep	ID		Rep	Seq ID		Alias	Values		Values	
2																	
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		271		271	
	ST02	R	4	9	AN	R	1		TRANSACTION SET			Transaction Set			Must be identical to SE02 value		
28	BHT01	R	4	4	ID	R	1		HEADER BEGINNING OF			Control Number Hierarchical		0022		0022	
	BITTOT	IX.	ľ	4	10	IX	l'		HIERARCHICAL			Structure Code		0022		0022	
29	BHT02	R	2	2	ID	R	1		TRANSACTION BEGINNING OF			Transaction Set		11		11	
0.0	DH 102	K	_	2	טו	K	ļ ·		HIERARCHICAL			Purpose Code		''		' '	
30	DUTOO	0	_	00	A N I	D			TRANSACTION BEGINNING OF			D-4	0. 1		Described to be used ONLY if the section is		
	BHT03	S	1	30	AN	R	1		HIERARCHICAL			Reference Identification	Submitter Transaction		Required to be used ONLY if transaction is processed in real time do not use for		
									TRANSACTION				Identifier		batch transactions. Must be returned in a		
31															real-time 271 transaction if one is submitted in 270		
	HL03	R	1	2	ID	R	1	2000A		>1		Hierarchical Level		20	20 = Information Source	20	
32	HL04	R	1	1	ID	R	1	20004	SOURCE LEVEL INFORMATION	>1		Code Hierarchical Child		0,1		1	
33				ľ		1			SOURCE LEVEL			Code				•	
	NM101	R	2	3	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer;	P5	
34				L					SOURCE NAME		<u> </u>				GP=Gateway provider; P5=Plan Sponsor; PR=Paver	<u> </u>	
35	NM102	R	1	1	ID	R	1	2100A	INFORMATION	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
33	NM103	S	1	35	AN	R	1	2100A	SOURCE NAME INFORMATION	1		Name Last or	Information Source			TennCare	
									SOURCE NAME			Organization Name	Last or Organization	ı			
36													Name				
37	NM108	R	1	2	ID	R	1	2100A	INFORMATION	1		Identification Code		24, 46, FI, NI, PI,		FI	
31	NM109	R	2	80	AN	R	1	21004	SOURCE NAME INFORMATION	1		Qualifier Identification Code	Information Source	SV, XX		62-6001445	TennCare's Tax ID
20	14101100		_	00	,			2100/1	SOURCE NAME	•		identinoation code	Primary Identifier			02 0001440	Tomodro o Tax ID
38	HL03	R	1	2	ID	S	1	2000B	INFORMATION	>1		Hierarchical Level		21	21=Information Receiver.	21	
39	TILOS	IX	ľ	۷		3	'		RECEIVER LEVEL	<b>-</b> 1		Code		21	21-miormation Neceiver.	21	
40	HL04	R	1	1	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	
	NM101	R	2	3	ID	R	1	2100B	INFORMATION	1		Code Entity Identifier Code		1P, 2B, 36, 80,	levels exist.	PR	
41									RECEIVER NAME					FA, GP, P5, PR			
	NM102	R	1	1	ID	R	1	2100B	INFORMATION	1	1	Entity Type Qualifier		1, 2		2	
42		0	ļ.	0.5					RECEIVER NAME			, ,,					Maa N
	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or				MCC Name
42												gaa 1 1441116	Organization Name				
43	NM108	R	1	2	ID	R	1	2100B	INFORMATION	1		Identification Code		24, 34, FI, PI,		FI	
44		.`				'`	Ľ		RECEIVER NAME			Qualifier		PP, SV, XV, XX			
	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver		Qualified by NM108		MCC Tax ID
4-									NECEIVER NAME				Identification				
45	HI U3	R	1	2	ID	S	1	20000	SUBSCRIBER	>1		Hierarchical Level	Number	22	22=Subscriber	22	
46	HL03	IX.		_	טו	3	Ľ		LEVEL		<u> </u>	Code			22-3ub5tibei	22	
47	HL04	R	1	1	ID	S	1	2000C		>1		Hierarchical Child		0, 1	0=no subordinate levels; 1=subordinate	1	
	NM101	R	2	3	ID	R	1	2100C	LEVEL SUBSCRIBER NAME	1		Code Entity Identifier Code		IL	levels exist. IL=Insured or Subscriber	IL	
48			ļ	Ĺ								•		1.			
49	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	
	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or	Subscriber Last		Required unless a rejection response is		
50												Organization Name	Name		generated and this element was not valued		
50	INIVITUS	S		<b>3</b> 0	MIN	IV.		21000	GUDGURIBER NAME	ı							

	Α	В	С	D	Е	F	G	Н	ı	J	K	L	M	N	0	Р	Q
1	271 Uns								panion File Alv	vays		With A TennC	are 834 Trans	action		Tenness	ee Specific Values
		Elem	_		DataT					Loop			Industry Name or		HIPAA Notes		TN Notes
	ID	Use	Len					ID		Rep	Seq ID		Alias	Values		Values	
2																	
	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First		Required unless a rejection response is		
51													Name		generated and this element was not valued in the request.		
	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle		Required if this is available from the		
													Name		Information Source's database unless a rejection response is generated and this		
52															element was not valued in the request.		
53	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		
	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Sullix	MI	MI = Member Identification Number. When	MI	
												Qualifier			the HIPAA Individual Identifier has been		
															adopted, then the only valid value will be 'ZZ'.		
															Required unless a rejection response is		
54															generated and this element was not valued		
	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary		Required unless a rejection response is		Subscriber's SSN
55													Identifier		generated and this element was not valued in the request.		
	2110C:																Loop 2110C: Reps 1 & 2
56	Rep 1 & 2																(Inpatient Limit Current Year)
	EB01	R	1	2	ID	S	1	2110C		>1		Eligibility or Benefit		1-8, A-C, CB, D-		F	Value 'F' indicates 'limitations'.
									ELIGIBILITY OR BENEFIT			Information		M, MC, N-Y			
57									INFORMATION								
	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1						IND	Value 'IND' indicates 'individual'.
									BENEFIT								
58	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1						48	Hospital - Inpatient
	LB03	3	l'	2	טו	3	'	21100	ELIGIBILITY OR							40	Hospital - Impatient
59									BENEFIT								
	EB04	S	1	3	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1		Insurance Type		12-16, 41-43,	This information qualifies type of policy	OT	
									ELIGIBILITY OR			Code		47, AP, C1, CO,	within insurance program defined in EB03.		
									BENEFIT INFORMATION					CP, D, DB, EP, FF, GP, HM, HN,			
									01					HS, IN, IP, LC,			
														LD, LI, LT, MA- MC, MH, MI, MP.			
														OT, PE, PL, PP,	1		
														PR, PS, QM,			
60														RP, SP, TF, WC, WU			
60	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER	>1		Plan Coverage		<del>-</del>		Inpatient Limits	See the Benefit Limits Grid for the definitions
		_	l -			Ī	ľ		ELIGIBILITY OR			Description				•	of Benefit Indicators.
61									BENEFIT INFORMATION							Days	
-	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
									ELIGIBILITY OR BENEFIT								
62									INFORMATION								
	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
									BENEFIT					MN, P6, QA, S7,			
63									INFORMATION					S8, VS, YY.			
	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
									ELIGIBILITY OR								
64									BENEFIT INFORMATION								

271 Unsolicited Companion Guide.xls 10/17/2005 Page 3 of 16

	Α	В	С	D	E	F	G	Н	l I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted I	Eligil	bility	Res	pons	e Con	npanion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
2	Element ID	Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
65	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 1 N for rep 2	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
66	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
67									BENEFIT INFORMATION			Format Qualifier			IOMAL CCTTMINIDD-CCTTMINIDD		
68	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
69	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
70	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
71	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
72	2110C: Reps 3 &								INFORMATION								Loop 2110C: Reps 3 & 4 (Inpatient Limit Prior Year)
73	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
74	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
75	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	Hospital - Inpatient

(September	2005)
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	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici					ons	e Con	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
		Elem	Min				Seg					DED Name	Industry Name or		HIPAA Notes	TN Valid	TN Notes
	ID	Use	Len	Len	ype	Use	Rep	ID		Rep	Seq ID		Alias	Values		Values	
2																	
76	EB04	S	1	3	ID	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC WU		ОТ	
	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER	>1		Plan Coverage				Inpatient Limits	See the Benefit Limits Grid for the definitions
									ELIGIBILITY OR BENEFIT			Description				<ul> <li>Prior Year</li> <li>Days</li> </ul>	of Benefit Indicators.
77				_	_				INFORMATION								
78	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
80									ELIGIBILITY OR BENEFIT INFORMATION			·	·		·		
_	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 3 N for rep 4	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
	DTP01	R	3	3	ID	S	20	2110C	INCOMMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER	>1		Date Time Period		D8, RD8	D8=CCYYMMDD RD8=range of dates in	D8	This value is set only if prevBeginDate > 0.
83									ELIGIBILITY OR BENEFIT INFORMATION			Format Qualifier			format CCYYMMDD-CCYYMMDD		
84	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
85		R		3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
86	DTP02	R	2	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted E	ligik	oility	Res	oons	e Com	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
				Max Len	DataT ype			Loop ID	Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
87	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
88	2110C: Reps 5 &																Loop 2110C: Reps 5 & 6 (Outpatient Limit Current Year)
89	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						50	Hospital - Outpatient
	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	ОТ	
93	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Outpatient Limits - Current Year	See the Benefit Limits Grid for the definitions of Benefit Indicators.
94	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
95	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
96	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
		S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 5 N for rep 6	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
		R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment is large 3400C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

271 Unsolicited Companion Guide.xls 10/17/2005 Page 6 of 16

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted E	Eligik	oility	Res	pons	e Com	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
	ID	Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
99	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
100		R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
101	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
102	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
103	2110C:				1	-	1		INFORMATION								Loop 2110C: Reps 7 & 8
104	Reps 7 &																(Outpatient Limit Prior Year)
105	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
106	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
107	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						50	Hospital - Outpatient
	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HM, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	ОТ	
108	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Plan Coverage Description				Outpatient Limits - Prior Year Visits	See the next spreadsheet for the definitions of Benefit Indicators.
109 110	EB06	S	1	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year

271 Unsolicited Companion Guide.xls 10/17/2005 Page 7 of 16

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted I	Eligil	oility	Res	ons	e Com	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tennes	see Specific Values
2	Element ID	Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
111	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
112	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
113	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 7 N for rep 8	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
114	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
115	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0
116	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
117	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
118	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.
119	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
120																	Loop 2110C: Reps 9 & 10 (Physician Visits Limit - Current Year)
121	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
122	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
123	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						98	Professional (Physician) Visit - Office

271 Unsolicited Companion Guide.xls 10/17/2005 Page 8 of 16

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns								panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
	Element	Elem	Min			Seg			Loop Name	Loop		DED Name	Industry Name or	HIPAA Valid	HIPAA Notes	TN Valid	TN Notes
	ID	Use	Len	Len	ype	Use	Rep	ID		Rep	Seq ID		Alias	Values		Values	
2	ED04	C	1	2	ID.		1	24400	CURCOURER	. 1		Insurance Type		10.10.11.10	This information qualifies type of policy	OT	
124	EB04	S	1	3	ID	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, GM, RP, SP, TF, WC WU		ОТ	
	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR	>1		Plan Coverage Description				Physician Limits -	See the Benefit Limits Grid for the definitions of Benefit Indicators.
125									BENEFIT							Current Year	
	EB06	S	1	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Time Period Qualifier		6, 7, 13, 21 - 36		Visits 22	Service Year
	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
127									INFORMATION					S8, VS, YY.			
	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
128	EB12	S	1	1	ID	S	1	2110C	INFORMATION SUBSCRIBER	>1		Yes/No Condition or	In Plan Network	N, U, Y	Use if it is necessary to indicate if benefits	Y for rep 9	Y = Reported by receiving MCC
129									ELIGIBILITY OR BENEFIT INFORMATION			Response Code	Indicator		are considered In or Out of Plan Network or not.		N = Reported by MCC(s) other than the receiving MCC
130	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0.  Value '193' indicates Period Start
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER	>1		Date Time Period		D8, RD8	D8=CCYYMMDD RD8=range of dates in	D8	This value is set only if currBeginDate > 0.
131									ELIGIBILITY OR BENEFIT INFORMATION			Format Qualifier			format CCYYMMDD-CCYYMMDD		
132	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
	DTP01	R	3	3	ID	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment is least 4300.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
134	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns								panion File Alv	ways	Couple	With A TennO	are 834 Trans	action		Tenness	see Specific Values
		Elem Use			DataT ype			Loop ID	Loop Name		Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
135		R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
	2110C: Reps 11 &																Loop 2110C: Reps 11 & 12 (Physician Visits Limit Prior Year)
		R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
138	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						98	Professional (Physician) Visit - Office
	EB04	S	1	3	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	от	
141	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Physician Limits - Prior Year Visits	See the Benefit Limits Grid for the definitions of Benefit Indicators.
		S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year
		S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
144	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
		S	1	1	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 11 N for rep 12	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
		R	3	3	ID	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment is laces 4300C	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

	Α	В	С	D	Е	F	G	Н	ı	J	K	L	М	N	0	Р	Q
1	271 Uns	solici				Res	pons	e Con	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
2	Element ID	Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
147	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
148	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
149		R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
150	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
151 152	2110C: Reps 13 &								INFORMATION								Loop 2110C: Reps 13 & 14 (Lab/X-ray Limit Current Year)
153	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
154	EB02	S	3	3	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
155	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						73	Diagnostic Medical
	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HM, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU		ОТ	
156 157	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Plan Coverage Description		WU		Lab/X-ray Limits - Current Year	See the Benefit Limits Grid for the definitions of Benefit Indicators.
158	EB06	S	1	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		Occasions 22	Service Year

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted I	Eligit	oility	Res	oons	e Con	panion File Al	ways	Couple	With A TennO	are 834 Trans	action	•	Tenness	see Specific Values
	Element ID	Elem Use	Min Len	Max Len	Data1 ype		Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
2																	
159	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	VS	Tracked by visits
160	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
161	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 13 N for rep 14	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
162	DTP01	R	3	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
163	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
164	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
165	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
166	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
167	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
168	2110C:								INFORMATION								Loop 2110C: Rep 15 & 16 (Lab/X-ray Limit Prior Year)
169	EB01	R	1	2	ID	S	1		SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
	EB02	S	3	3	ID	S	1		INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
170 171	EB03	S	1	2	ID	S	1		INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						73	Diagnostic Medical

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted E	Eligit	oility	Res	pons	e Con	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
		Elem Use	Min Len	Max Len	DataT ype	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
172	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HM HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC		ОТ	
	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Plan Coverage Description				Lab/X-ray Limits - Prior Year	See the Benefit Limits Grid for the definitions of Benefit Indicators.
173 174	EB06	S	1	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Time Period Qualifier		6, 7, 13, 21 - 36		Occasions 22	Service Year
-	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.		VS	Tracked by visits
-	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 15 N for rep 16	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
178	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
179 180	DTP03	R	1	35	AN	S	20	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
	DTP01	R	3	3	ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier		Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.

	Α	В	С	D	Е	F	G	Н	I	J	K	l L	М	N	0	Р	Q
1	271 Uns								panion File Alv	ways	Couple	With A TennO	are 834 Trans	action		Tenness	see Specific Values
		Elem			DataT				•			DED Name	Industry Name or		HIPAA Notes	TN Valid	TN Notes
		-						ID			Seq ID		Alias	Values		Values	
183	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
	2100C: Rep 17 &																Loop 2110C: Reps 17 & 18 (Professional - Physician - Visit Inpatient Limit, Current Year)
	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
	EB02	S	3	3	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						IND	Value 'IND' indicates 'individual'.
	EB03	S	1	2	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT	>1						99	Professional (Physician) Visit - Inpatient
<u>187</u>	EB04	S	1	3	ID	S	1	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU		ОТ	
	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Physician Limits - Current Year	See the Benefit Limits Grid for the definitions of Benefit Indicators.
	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT	>1		Time Period Qualifier		6, 7, 13, 21 - 36		Days 22	Service Year
	EB09	S	2	2	ID	S	10	2110C	INFORMATION SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
		S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 17 N for rep 18	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
		R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted I	Eligik				e Con	panion File Al	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
2	Element ID	Elem Use	Min Len	Max	DataT ype		Seg		Loop Name	Loop Rep	Comp Seq ID		Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
195		R	2		ID	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0.
196		R	1		AN	S	20		SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
197	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End
198	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0.
199	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
	2100C: Rens 19 &																Loop 2110C: Reps 19 & 20 (Professional - Physician - Visit Inpatient Limit Prior Year)
201	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D- M, MC, N-Y		F	Value 'F' indicates 'limitations'.
202	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	Value 'IND' indicates 'individual'.
203	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						99	Professional (Physician) Visit - Inpatient
204	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA- MC, MH, MI, MP OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	от	
205	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Inpatient Physician Limits - Prior	See the Benefit Limits Grid for the definitions of Benefit Indicators.
206	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		22	Service Year

	Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q
1	271 Uns	solici	ted E	Eligil	bility	Res	oons	e Con	panion File Alv	ways	Couple	With A TennC	are 834 Trans	action		Tenness	see Specific Values
2		Elem Use	Min Len	Max Len	DataT ype		Seg Rep	Loop ID		Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
207		S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier			Use to identify the type of units that are being conveyed in EB10.	DY	Tracked by days
208	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
209	EB12	S	1	1	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Yes/No Condition or Response Code	In Plan Network Indicator	N, U, Y	Use if it is necessary to indicate if benefits are considered In or Out of Plan Network or not.	Y for rep 19 N for rep 20	Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC
210		R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin
<ul><li>210</li><li>211</li></ul>	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0.
212	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
213	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End
214	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0.
215	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
216	GE01	R R	4 1	9	AN N0	R R	1		TRANSACTION SET TRAILER FUNCTIONAL GROUP TRAILER	1		Transaction Set Control Number Number of Transaction Sets			Must be identical to the one in SE02		
217 218	GE02	R R	1	9	N0 N0	R R			FUNCTIONAL GROUP TRAILER INTERCHANGE			Included Group Control Number Number of Included		= GS06		= GS06	
219 220	IEA02	R	9	9	N0	R			CONTROL TRAILER  INTERCHANGE CONTROL TRAILER			Functional Groups  Interchange Control Number		= ISA13		= ISA13	